

Foster Family Home - Corrective Action Report

Provider ID: 1-110035

Home Name: Vincent Rayo, CNA

2848 Kalihi Street

Honolulu

HI 96819

Review ID: 1-110035-5

Reviewer: Sue Lo

Begin Date: 2/15/2018

End Date: 2/22/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 3/15/2018.

Foster Family Home

Fire Safety

[17-1454-45]

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(b)(2) Unannounced fire drill documentation to conduct fire drill not present for CG#3.


Compliance Manager


Primary Care Giver

2/15/2018
Date

2/15/2018
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Vincent Rayo

CCFFH Address:

2848 Kalihi St. Hon. Hi. 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45.b.2	Fire drill was done by CG#3 and fire drill form is filed in CCFFH binder.	02/16/18	Monthly firedrill schedule are made to be conducted by PCG, SCG and NA. CG names are assigned each month to do the firedrill. The schedule will be posted in front of the refrigerator and the 2018 calendar. All completed firedrill forms will be filed in the CCFFH binder accordingly.

Primary Caregiver's Signature: _____

Print Name: Vincent Rayo

Date of Signature: 16 FEB 2018